



Ron G. Crane
Idaho State Treasurer
Idaho State Treasurer's Office

DBF APPLICATION FOR NEW ACCOUNT:

This form must be printed, filled out and mailed to the address below.

This information is approved by this agency's governing board for the purpose of establishing an account with the State Treasurer's Office, specifically the Diversified Bond Fund. Accounts can only be activated on the 1st of the month and applications should be received by the STO at least five days prior to that. The signed application authorizes the Diversified Bond Fund to invest funds of this agency pursuant to Idaho **Codes 67-1210** and **67-1210A**.

Agency Name: _____ Contact Name: _____

Mailing Address: _____

City, State, Zip _____

E-Mail Address: _____

Telephone: _____ Fax #: _____

State Agencies ONLY: Please provide the following information:

Agency Number:	_____	Fund Number:	_____
Index Number:	_____	PCA Number:	_____
Grant Number:	_____	Budget Number:	_____

All earnings will be reinvested into your DBF fund each month

Amount of deposit \$ _____

Municipalities ONLY:

Funds to be transferred from LGIP Acct. # _____

Amount \$ _____

Authorization will be indicated by an original signature on the bottom of this form ***by an authorized member of this agency's governing board***. **Municipalities:** will include a roster of current authorized board members, on its own letterhead, with the application; **State Agencies:** will include a roster of approved state employees to act on their behalf, signed by the department head; and each will be responsible for providing the STO any future updates to this information as they occur.

By signing below, you acknowledge you have read the ***Diversified Bond Fund Statement of Understanding and Investment Policy*** and agree to the terms and conditions stated therein, and any subsequent changes thereto. A copy of any changes to the Statement of Understanding or Investment Policy will be provided upon request.

This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it.

Name of Board Member

Title of Board Member

Signature of Board Member
(authorized to act on behalf of above named agency)

Date

P.O. Box 83720 • Boise, Idaho 83720-0091
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